

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
<b>CLAIMS</b>										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	1					51				
2	1					52				
3	1					53				
4	1					54				
5	1					55				
6	1					56				
7	1					57				
8	1					58				
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40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	2					TOTAL IND.				
TOTAL DEP.	6					TOTAL DEP.				
TOTAL CLAIMS	4					TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS